

Strong Prevention Policies Will Reduce the Cancer Burden



Current federal law provides life-saving coverage of cancer prevention and early detection services and programs. These provisions are crucial to reducing the incidence and impact of cancer in the United States. They are also crucial in helping cancer survivors remain cancer-free and lead healthy lives.

What Policies Are Important for Cancer Prevention and Early Detection?

- Required coverage of preventive services and vaccines: Most private insurance and Medicaid expansion plans are required to cover, without cost-sharing, clinical preventive services given an 'A' or 'B' rating by the U.S. Preventive Services Task Force (USPSTF) as well as vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). These services include cancer screenings, tobacco cessation treatment, weight loss interventions to reduce obesity and a vaccine that prevents cervical and other cancers.
- Prevention in Medicare: Cost sharing is no longer required for preventive services for Medicare beneficiaries, and each Medicare beneficiary is eligible for a free annual wellness visit.
- Tobacco cessation coverage in Medicaid: Medicaid programs are required to cover a comprehensive tobacco cessation benefit with no cost sharing for pregnant women, and are also required to cover tobacco cessation medications for all adults.
- Prevention and Public Health Fund: This fund creates and sustains national investment in prevention and public health programs to improve health and lower health care costs. It has funded successful initiatives such as the Tips from Former Smokers media campaign and the National Breast and Cervical Cancer Early Detection Program.

Why Are Policies to Prevent and Detect Cancer Early Important?

The American Cancer Society estimates that in 2017 nearly 1.7 million Americans will be newly diagnosed with cancer and more than 600,000 people will die of the disease.¹ More than 30 percent of all cancer deaths in the U.S. are caused by cigarette smoking alone.² Smoking is responsible for at least \$130 billion in direct medical costs and an additional \$150 billion in lost productivity each year in the U.S.³ Excess weight, physical inactivity, poor nutrition, and excess alcohol use lead to 20 percent of all cancer diagnoses.⁴ Obesity-related disease, including cancer, costs about \$190 billion in healthcare expenditures each year in the U.S.⁵

The good news is that half of all cancer deaths can be prevented and the substantial cost of the treatment of advanced disease could be reduced through the use of existing evidence-based prevention and early detection strategies.⁶

Screenings for breast, colorectal, cervical and lung cancers have been proven to reduce mortality from these cancers by detecting them earlier when they are more likely to be treated successfully. Effective screening tools can prevent colorectal and cervical cancers by removing precancerous growths. Certain cancers related to infectious agents, such as the human papilloma virus (HPV), can be prevented altogether with vaccination. Furthermore, it is important for cancer survivors to receive appropriate preventive services in order to improve treatment outcomes and reduce the risk for cancer recurrence and secondary cancers.

Reducing the devastating human and financial burden of cancer cannot be achieved without policies that address cancer prevention and early detection. The current law requires insurance plans to cover these evidence-based preventive services without cost sharing making it easier for individuals – especially

lower-income – to access these important services. The current law prioritizes a strong, significant and sustained investment in prevention and early detection, research, technology, programs and policies.

Does Removing Cost Sharing for Preventive Services Really Make a Difference?

Research shows that required cost sharing – including co-pays, co-insurance and deductibles – can be a significant barrier for patients who need preventive services.^{7,8} This is especially true for lower-income patients and patients on a fixed income, for whom these payments can represent a significant percentage of their income. Removing cost-sharing for preventive services has proven to increase the use of those services:

- Studies show that co-pays for tobacco cessation medications reduces their utilization and smokers' success in quitting.⁹
- Rates of colorectal cancer screening increased from 2010-2013 among the low-income, privately-insured population, which indicates that removal of cost sharing for these screening services was a significant factor in the increase.¹⁰
- Following the removal of cost sharing for preventive services in Medicare, there was a statistically significant uptake in mammography screenings among Medicare enrollees.¹¹
- Following the removal of cost sharing for HPV vaccination, young adult women were 7.7 percentage points more likely to initiate the vaccine and 5.8 percentage points more likely to complete the vaccine.¹²

¹ American Cancer Society. Cancer Facts & Figures 2017. Atlanta: American Cancer Society; 2017.

² U.S. Department of Health and Human Services. The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 2014.

³ *Id.*

⁴ American Cancer Society. Cancer Facts & Figures 2017. Atlanta: American Cancer Society; 2017.

⁵ Cawley J, Meyerhoefer C. The medical care costs of obesity: an instrumental variables approach. *J Health Econ.* Jan 2012; 31(1): 219-30.

⁶ American Cancer Society. Cancer Prevention & Early Detection Facts & Figures 2015-2016. Atlanta: American Cancer Society; 2015.

⁷ The Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update Panel, Liaisons, and Staff. (2008). A Clinical Practice Guideline for Treating Tobacco Use and Dependence: 2008 Update: A U.S. Public Health Service Report. *American Journal of Preventive Medicine*, 35(2), 158–176. <http://doi.org/10.1016/j.amepre.2008.04.009>.

⁸ Han X, Robin Yabroff K, Guy GP, Zheng Z, Jemal A. Has recommended preventive service use increased after elimination of cost sharing as part of the Affordable Care Act in the United States? *Prev Med.* 2015 Sep;78:85-91. doi: 10.1016/j.ypmed.2015.07.012.

⁹ Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical practice guideline. Rockville, MD: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2008. Community Guide Task Force on Community Preventive Services. Reducing Tobacco Use and Secondhand Smoke Exposure: Reducing Out-of-Pocket Costs for Evidence-Based Cessation Treatments Web site.

¹⁰ Fedewa SA, Goodman M, Flanders WD, Han X, Smith RA, M Ward E, Doubeni CA, Sauer AG, Jemal A. Elimination of cost sharing and receipt of screening for colorectal and breast cancer. *Cancer.* 2015 Sep 15;121(18):3272-80. doi: 10.1002/cncr.29494. Epub 2015 Jun 4.

¹¹ Cooper GS, et al. Changes in Receipt of Cancer Screening in Medicare Beneficiaries Following the Affordable Care Act. *JNCI J Natl Cancer Inst.* (2016) 108 (5): djv374 doi:10.1093/jnci/djv374

¹² Lipton BJ, Decker SL. ACA provisions associated with increase in percentage of young adult women initiating and completing the HPV vaccine. *Health Affairs.* 2015; 34(5): 757-64.